

How South Africa's Ministerial Advisory Committee on COVID-19 can be optimised

South Africa (SA) recorded its first COVID-19 case on 5 March 2020. Since then, the country has declared a State of Disaster on 15 March 2020,^[1] a strict 3-week 'lockdown,' effective 26 March 2020^[2] – which was subsequently extended until 30 April 2020^[3] – and a 5-level 'risk adjusted strategy,'^[4] effective 1 May 2020. SA's lockdown measures have had a profound impact on the country's social and economic fabric. With most sectors of the economy forced to close to mitigate against the risk of the disease spreading, people have been forced to choose between their lives and their livelihoods. Rising levels of hunger and desperation in the country^[5-7] have led to accusations that government has 'failed to understand the severity of the everyday lived realities of the majority of South Africa's poor people.'^[8] Political commentators have expressed concern that the country's sense of camaraderie and support is devolving into complaints about 'crypto-fascist authoritarianism'^[9] and that 'support for the lockdown is in rapid collapse.'^[10] While criticism of government's management of the COVID-19 pandemic^[11,12] has been tempered, to some degree, by government's assertions that its response to the pandemic is underpinned by scientific wisdom,^[13,14] recently, even government's scientific counsel has come under heightened scrutiny.^[5,15,16] These developments have led some to opine that the country's 'science mask is slipping' and that our country's top scientists are hiding behind obfuscation, mixed messaging and presenting science as 'fact.'^[17] Such claims can quickly erode public trust in government and science. Given that government's response to COVID-19 is only as strong as the political and scientific structures that inform it, how then is SA's response to COVID-19 governed?

South Africa's COVID-19 political governance

In declaring a State of Disaster in response to COVID-19's spread in SA, the country's President, Cyril Ramaphosa, announced that as part of the response to the pandemic, the government had established a National Command Council (NCC), chaired by the President,^[18] comprising 19 cabinet ministers (including members of the Inter-Ministerial Committee on COVID-19), their respective directors-general, the head of the SA National Defence Force, the National Police Commissioner, and a secretariat.^[12] The NCC receives input from the National Joint Operations and Intelligence Structure (NatJoints), an entity that has been described as 'established by a Cabinet memo without basis in legislation.'^[11] Serious governance concerns have been expressed about the NCC^[11,12,19] and NatJoints.^[11] The recommendations of these bodies have to be endorsed by cabinet before implementation. Notwithstanding potential governance gaps in the country's political management of COVID-19, government policymaking on COVID-19 is informed by scientific advice.^[20] It is therefore important to explore how such advice is governed.

How is scientific advice to the government regulated in South Africa?

Most public health measures rely on public acceptance of their efficacy, compliance for effectiveness and acceptance of the ethical rationale for co-operating with instructions that conflict with individual liberty.^[21] This requires that the public not only trust the information they are given, but also the authorities, who are the source of this information, and their decision-making processes.

Transparency is an element of procedural fairness and is a key condition for accountable decision-making and the promotion of public trust. Evidence and assumptions used by authorities in making decisions, the manner in which those decisions are being made, and by whom, are crucial to building trust and maintaining confidence in policymakers. Accordingly, all relevant information about a pandemic and its decision-making processes ought to be communicated or made accessible to the public to uphold its trust.

SA's National Health Act empowers the country's health minister to appoint advisory and technical committees, as may be necessary to achieve the objects of the Act, after consultation with the National Health Council.^[22] When establishing such bodies, the minister may determine by notice in the *Government Gazette*: (i) its composition, functions and working procedure; (ii) in consultation with the Minister of Finance, the terms, conditions, remuneration and allowances applicable to its members; and (iii) any incidental matters relating to that advisory or technical committee. The health ministry has a proud track record of formally establishing such bodies by notice in the *Government Gazette*, and openly calling for nominations to serve thereon. Such processes were employed for the establishment of, among others, the National Advisory Committee on the Prevention and Control of Cancer,^[23] the National Forensic Pathology Services Committee,^[24] the Ministerial Advisory Committee on Mental Health,^[25] the Ministerial Advisory Committee on e-Health,^[26,27] the Ministerial Advisory Committee on Health Technology Assessment,^[28] the Ministerial Advisory Committee on Antimicrobial Resistance,^[29] the National Health Insurance (NHI) Advisory Committee, the Ministerial Advisory Committee on Health Benefits for NHI and the Ministerial Advisory Committee on Health Technology Assessment for National Health Insurance.^[30,31] As these are publicly funded structures, their terms of reference, composition, reporting lines and operating procedures have traditionally been made public.

SA's Ministerial Advisory Committee (MAC) on Coronavirus Disease 2019 (hereinafter MAC) was formally established on 25 March 2020^[32] and its membership list was officially published by the Department of Health on 21 April 2020.^[33] The pedigree of MAC is incontrovertible and represents among the best of the country's 'brain trust'. However, procedural justice and transparency still apply in public health emergencies. In this regard, it is unclear whether, and when, the country's National Health Council was consulted about MAC's creation, as required by the National Health Act. For one, it is unclear if MAC is a *scientific* advisory committee or a *general* advisory committee on the pandemic. Its title suggests the latter. The Ministerial Advisory Committee on Antimicrobial Resistance is a multidisciplinary, intersectoral committee mandated to advise the Minister of Health on matters relating to antimicrobial resistance, including co-ordinating intersectoral efforts nationally. Its membership is not restricted to biomedical scientists. To date, no notice has been gazetted regarding MAC's establishment, nomination call or selection process.^[34,35] COVID-19 MAC's terms of reference, reporting lines and operating procedures have also not been publicly disclosed. This can breed actual or perceived conflicts of interest. Even if the health minister has the discretion not to publish advisory governance processes, such omissions have raised serious concerns elsewhere, given the far-reaching impact that scientific deliberations on COVID-19 have had, and continue to have, on political decision-

making. Governance of COVID-19 scientific advice to governments globally is subject to prominent scrutiny,^[36-40] and has led to calls for inclusive and transparent decision-making.

In the UK, the country's Scientific Advisory Group for Emergencies (SAGE) is tasked with providing ministers and officials with evidence-based scientific advice in emergencies. While the UK's parliament had previously published a document outlining the role of scientific advice and evidence in emergencies,^[41] COVID-19 SAGE has been criticised on the grounds that the body is operating 'as a virtual black box: its membership is secret, its meetings are closed, its recommendations are private and the minutes of its deliberations are published much later, if at all'.^[40] Scientists are also barred from informing the public what their advice is. Similar accusations of opacity and dissemination restrictions have been levelled at MAC.^[15-17] Such omissions and directives are paternalistic and erode public trust in government and science. Given the relationship between transparency and trust, a precautionary approach would support disclosure, rather than withholding information.^[21] In the UK, the attendance of political appointees at SAGE meetings has raised serious concerns.^[38] MAC includes several senior representatives from government departments, including one listed as 'External Advisory – Health and Presidency'.^[33] In the UK, because the country's science deliberations have lacked transparency and eroded public trust, rival scientific think-tanks have emerged.^[42] SA risks going down the same route.^[43-45]

As a result of intense criticism, the UK was recently forced to disclose more details about its COVID-19 science advisory body.^[46,47] In doing so, the UK government has noted that SAGE relies on external science advice, including advice from expert groups and their papers.^[48] In the case of COVID-19, this includes the New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG), Scientific Pandemic Influenza Group on Modelling (SPI-M) in the Department for Health and Social Care, and the Independent Scientific Pandemic Influenza Group on Behaviours (SPI-B). These groups consider the scientific evidence, and provide their consensus conclusions to SAGE. SA's government should consider a similar disclosure process with regard to MAC's establishment, selection process and *modus operandi*. Procedural and transparency concerns aside, MAC's composition also raises concerns regarding inclusivity.

MAC comprises 4 sub-committees: (i) pathologists and laboratory; (ii) clinicians; (iii) public health; and (iv) research.^[32] While the pedigree of MAC membership is undeniably world-class, the opacity of who was involved in its selection process, what rationale and criteria dictated subcommittee categorisation, as well as who should serve thereon, has left the body open to criticism of selection bias. To this end, MAC's current membership reflects significant clinical, basic sciences and epidemiology bias. Commentators have noted that currently, MAC 'comprises 51 doctors and medical science academics, including clinicians, public health specialists, pathologists and researchers. In addition, other key positions for responding to the crisis – the minister of health, the minister for disaster management regulations, the minister of home affairs, and the leadership of the National Planning Commission and the power utility Eskom – are all occupied by medics'.^[49] Such professional redundancy comes at the steep cost of other disciplines that are equally, if not more, relevant to our response to the pandemic. In the UK, one prominent infectious diseases epidemiologist has expressed concern that modelling has had a disproportionate influence on the UK government's response to COVID-19, noting: 'I do think scientific advice is driven far too much by epidemiology – and I'm an epidemiologist. What we're not talking about in the same formal, quantitative way are the economic

costs, the social costs, the psychological costs of being under lockdown. I understand that the government is being advised by economists, psychiatrists and others, but we're not seeing what that science is telling them. I find that very puzzling'.^[50]

In the absence of efficacious biomedical interventions against COVID-19, legal mechanisms and behavioural factors are central to bringing the COVID-19 pandemic under control. It is therefore unfathomable why experts who hail from the humanities and social sciences, or even relevant members of civil society and the private sector, have been deemed unworthy of MAC membership and irrelevant to the body's envisaged role of advising government. Some commentators have characterised government's lack of foresight in this regard as 'shocking'.^[51] SA's stance is in sharp contrast to countries such as Germany, where experts from the humanities primarily devised the German government's approach to easing its lockdown, with only minority input coming from natural scientists, virologists and medical specialists.^[52]

The humanities includes fields as diverse as social anthropology (which could inform COVID-19 public engagement efforts and help elucidate aspects of cultural and social factors at a grassroots level that drive disease transmission, such as funeral attendance), media and communications (which could help elucidate factors that drive dissemination of disinformation and misinformation, and optimise public health messaging), human geography (which could elucidate human patterns of social interaction, as well as spatial level interdependencies, both of which could inform policymaking on movement restrictions), ethics (which could help craft core values around which government's responses to COVID-19 should coalesce), law/human (which could temper ill-conceived, irrational, heavy-handed regulations and mitigate distracting legal challenges), political science (which could help elucidate prevailing public and political sentiment on COVID-19 lockdown measures), religious studies (which could inform policymaking on issues such as religious attendance, which is a known driver of COVID-19 infections) and economics (which could inform policymaking on lockdown-related economic hardships). The World Economic Forum has recognised the value of such fields and noted that not only could input from the humanities make modelling more realistic and its predictions more accurate, but economic policies could also be more effective and more just.^[53]

Similarly, if we want to understand how people perceive risk and compliance, and if we want to modify their behaviour, we need to seek the advice of experts who hail from the social and behavioural sciences. Commentators have noted that 'while the [SA] government's five-stage plan to relax or re-impose lockdown restrictions on the general population pays particular attention to the economic benefits produced by certain sectors, it fails to address social impacts beyond this'.^[51] Statistics South Africa and the Human Sciences Research Council have proven the value of social science by yielding valuable time-sensitive survey data that can help inform COVID-19 policymaking.^[54-56]

In the UK, the SPI-B has provided the government with valuable input on, among other issues, the potential impact of behavioural and social interventions on COVID-19 in the context of public gatherings. But even such input has been recognised as limited and deficit, prompting the UK government to 'rush out' a request to universities to help expand the pool of scientific experts, who are advising the country's ministers during the coronavirus crisis, following concerns expressed about the lack of expertise in some areas.^[57] For instance, the UK government has requested the advisory services of behavioural psychology, health psychology, behaviour change and behavioural economics – the goal being to turn the group's

discussions into consensus statements and performing research, e.g. on public perceptions and likely responses to policy decisions. The SA government should undertake a similar recruitment drive to enhance its capacity to manage COVID-19. The absence of a truly multidisciplinary input involving the humanities, social sciences and relevant civil society and private sector actors, including actuaries, through MAC, robs SA policymakers of valuable insights that could prove invaluable in the country's fight against the pandemic. This is epitomised in the concern expressed that SA 'politicians – while racing to "flatten the curve" of the virus to avoid the collapse of health systems – have focused their attention almost exclusively on disaster management and security concerns at the neglect of food security'.^{7[58]} Such concerns echo the core values and concerns of ethicists, human rights activists and civil society on government's current science-based management of the pandemic.

Conclusions

Multiple revisions of the country's lockdown regulations prove that the SA government is responsive to the concerns of its people and is not tone-deaf to constructive criticism. Trust, transparency, confidence and credibility are central to compliance and respect for the rule of law. The establishment of MAC and its terms of reference accordingly merit urgent clarification. Moreover, SA needs to move beyond a biomedical model in tackling COVID-19. As is the case with HIV, we cannot treat our way out of the COVID-19 pandemic. In the absence of a vaccine against the virus, behavioural modification and compliance with rules are crucial to altering SA's trajectory of the pandemic. Public perception and compliance are central to behavioural modification. These factors underscore why the humanities and social and behavioural sciences need significant representation on MAC. Without a transparent, inclusive, multidisciplinary approach to COVID-19, SA's response to the pandemic will flounder. This is an outcome the country can ill afford.

Jerome Amir Singh

*Centre for the AIDS Programme of Research in South Africa (CAPRISA),
University of KwaZulu-Natal, Durban, South Africa
singhj9@ukzn.ac.za*

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